

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Community Health Systems Professional
Services Corporation
c/o National Registered Agents, Inc.
Registered Agent
150 S. Perry Street
Montgomery, AL 36104

07-875 S+C

Article Number

Article Label

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input checked="" type="checkbox"/> Addressee
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 6128 4240

Domestic Return Receipt

102595-02-M-1540